



Telephone: 1 877 526-1526
www.gov.bc.ca/societies

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

Filing Fee: \$15.00

Please complete and mail this form to BC Registries and Online Services for filing with payment by cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

Concurrently with the Dissolution by Liquidation form, you are required to provide a copy of the account of the liquidation set out in section 149 (1) (a) of the Societies Act and, if the liquidator was appointed by court order, a copy of the entered court order authorizing the dissolution. Please submit the required documents with your application.

A society is dissolved at the beginning of the day that is 90 days after the Dissolution by Liquidation is filed. The Certificate of Dissolution is issued at that time.

A LIQUIDATOR EMAIL ADDRESS

B INCORPORATION NUMBER OR BUSINESS NUMBER OF SOCIETY

C NAME OF SOCIETY

D NAME OF LIQUIDATOR

LAST NAME

FIRST NAME

MIDDLE NAME

BUSINESS NAME

E DISSOLUTION APPROVAL

COURT ORDER #

I have obtained an entered court order approving the dissolution.

A copy of the account of the liquidation are attached.

FINAL GENERAL MEETING DATE

YYYY/MM/DD

If the liquidator was appointed by the court, a court order approving the liquidation is required.

F CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the Societies Act.

NAME

SIGNATURE

DATE SIGNED (YYYY MM DD)

X

**F DELIVERY METHOD - Choose one delivery method for receipt of the certificate of**

Liquidator Email      Other Email  
Address

Pickup (Victoria only) Contact Person

Telephone

By Mail to Liquidator Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE